ilitic affections of the nervous system, hemiplegias, myelitis, etc., still it is the single morbid symptom in some cases. In the present case the sign of Argyll and dischromia were independent symptoms, but related through the common cause, syphilis, affecting the nerve centers. Similarly, in vitiligo of tabetics, instead of trophic trouble of tabes, might it not be interpreted as cutaneous trouble dependent upon syphilis? With this hypothesis tabes and vitiligo would constitute an association of coëxistent affections in the same case, with common etiology, syphilis; from the fact that lumbar puncture gave no result, it is probable that the cephalorachidian liquid had spread through the perirachidian tissues. JELLIFFE.

Revue Neurologique.

(1902. Vol. 10, No. 7, April 15.)

1. Muscular Psychoses. A. JOFFROY.

1. *Muscular Psychoses.*—Psychical functions have been compared in normal and pathological states, and it is not difficult to show the harmony between the different functions of the brain, psychical, motor, sensitive, trophic, all uniting in a way to form one indivisible function. A consequence of this is that in passing from the normal to the pathological state the psychical, motor, sensitive and trophic troubles may all be associated; this is proven in all the affections which originate in insufficient or abnormal development of nervous centers, as chorea, tic, tabes, syringomyelia, muscular atrophy and general paralysis. Coëxistence of motor and psychical trouble is not characteristic of any one malady, but a fact only wanting confirmation, whether in neuropathology one studies the diverse affections of the neuromuscular system which explains degeneration, or whether in psychiatry one examines the various psychoses.

For instance, in Huntington's disease mental troubles more or less pronounced will invariably coëxist with motor affections. This affection is not confined to the one member of the family affected, but often extends to more members, either in motor or mental degeneration. Facts bearing on this relationship of psychical and motor trouble, may be observed in Thomsen's disease, and Parkinson's disease may also be cited, where this point has not been sufficiently noticed. In a family in which Parkinson's disease exists there may be found not only other members with the same disease, but also choreaics, hysterics, epileptics and aliens, with cases of ataxia and headache; and there is especially emphasized the coëxistence of mental trouble, hallucinations, illusions and disorder of general sensibility with Parkinson's disease. Further, the same psychomotor complex is observed when, instead of considering muscular troubles, the psychoses are studied. General paralysis is put aside, as hallucinations, illusions and delirium constitute only a complementary syndrome, as mental trouble in chorea. In melancholia, however, besides troubles of sensibility, hyperesthesia, anesthesia and dysesthesia, which are prominent, functional muscle troubles are often seen. This is still more noticeable in certain forms of mental confusion, especially in *démence précoce,* whether by automatic movement or by that curious syndrome known as katatonia.

One case is reported to show the coëxistence of motor and mental degeneration in the same patient. A man of twenty-six years was afflicted with muscular atrophy. A summary examination sufficed to show that the first segment of the limbs was more affected than the extremities. The thigh was most atrophied, the leg notably so, while the foot showed only deformation due to tendinous retractions; corresponding gradation showed in the upper limbs, where the hands were almost normal. After a more methodical examination all the muscles of the shoulders were found to be atrophied. The deltoid was gone, the pectorals, the rhomboideus were scarcely indicated, and wide detachment of the thoracic bone was easy. The circumference in the middle of the upper arm was only 14 cm., and the lower arm was larger. Pronation movements were easy, but supination limited. The tendinous retraction complications of the lower limbs determined a special attitude: the thigh, when abducted, was turned out; the knees, moved one from the other, rested on the bed; the legs were bent at right angles with the thighs and immobilized in this position by tendinous retractions; the heels were near together; the foot extended, forced by the shortening of the tendon of Achilles. The trapezius, the muscles of the vertebral grooves, and even those of the abdomen, were affected. The patient had a very large lower lip; the eyes could hardly be closed, but the lids were raised at the least effort. There was marked orbicular weakness. A smile stretched the mouth out of all proportion, and at the same time vertical creases appeared about the commissures of the lips. There was no deviation of the vertebral column. Thus the patient showed some physical stigmata of degeneration, asymmetrical face, irregular teeth, pointed arch and adherent lobule of the ear. It could hardly be doubted that this was incipient progressive myopathy, although the fibrillary contractions so often seen with this were not present. In the electrical examination of the muscles many had normal reaction, but somewhat weakened. In some the reaction of degeneration occurred.

Up to fifteen years of age development had been normal; at that time the wheel of a heavy wagon had passed over the patient's trunk, but there was no loss of consciousness, or any alarming symptoms, and he was able to walk away. Yet this accident was responsible for the beginning of his affection, in spite of the long time elapsing until the beginning of the muscular weakness. Six months after a cane was necessary for walking, and five or six years after, crutches. He had been in bed three years at the time of reporting.

This primitive progressive myopathy is usually an inherited disease, but not so in this case. At this point the members of the family had a strange idea that the forced chastity of invalidism was aggravating his condition, and after mature deliberation they put him in a coach and took him on a round of the houses of prostitution, bringing him home very excited, delirious and probably intoxicated. This continued the following days, with hallucinations of sight and hearing. There probably was some mental trouble before this, as it could scarcely have begun so suddenly after this singular excursion. However it be, from that moment delirium was incessant, various hallucinations of riches, persecution, alternating excitement and depression. There were frequent attempts at suicide. This mental state grew worse; at the beginning one could fix the patient's attention and obtain a response, which was later impossible. He talked incessantly and incoherently, simply starting on ideas without finishing any thought. There was no trouble with the iris, and there could not be general paralysis. The cephalorachidian liquid showed no figured elements. From the psychical point of view it was then to precocious dementia that the mental troubles might be traced. This was not the first case of the coëxistence of these troubles, and the article cites many others, with comments from a more modern standpoint.

He concludes that if the purely motor nerves are affected, there will be motor trouble as in the disease of Sydenham, of Huntington's chorea, or in tic. If more specially trophic nerves are affected, there will be muscular lesions, as in Thomsen's disease, or primitive progressive myopathy or Parkinson's disease. Finally, if other nerves are affected there may be similar psychical troubles, as in chorea, myopathy and Parkinson's disease. Parkinson's disease is a distinctly degenerative malady; there are not only atrophied muscular fibers, but hypertrophied fibers similar to those of myopathy, so that it is placed both by pathological and clinical anatomy in this class.

In conclusion, all of these diseases mentioned with the mental troubles accompanying them, are but diverse manifestations of degeneration, forming a natural group, which the author calls musculo-psychic, of conceptional or hereditary origin; or, another name, *myopsychic* diseases.
JELLIFFE.

Neurologisches Centralblatt.

(1902. April 16, No. 8.)

1. Short Communication regarding a New Staining Method for the Central Nervous System. H. von Schrötter.
2. A Case of Autochthonous Brain Sinus Thrombosis. Dr. Good.
3. Further Concerning Asthenic Paralysis with Autopsy (E. Flatau). S. Goldflam,

1. *New Staining Method.*—The use of the Alizarian group of stains, *i.e.*, blue, green, yellow, orange, is applied to nervous tissues with excellent results. A ½ per cent. solution is used for twenty-four hours; the tissues are then differentiated in running (tap) water, treated with obsolute alcohol, etc. This gives a diffuse tissue stain, bringing out all the elements of the nerve tissue.

By using a 3 per cent. solution of the Alizarian solfonal and salt of sodium, and adding a drop of a 5 per cent. oxalic acid solution, orange-yellow color is produced. If the tissue is stained in this and then heated by a 3 per cent. soda solution after washing in distilled water, a good selective stain for the nerve sheath results.

2. *Brain Sinus Thrombosis.*—Good reports a case of extensive sinus thrombosis for which no determining factor could be discovered. After a careful study of the literature he concludes that such cases are not diagnosable.

3. To be continued.

McCarthy (Philadelphia.)

Neurologisches Centralblatt.

(1902. April 1, No. 7.)

1. Judges and Expert Evidence. H. Hoche.
2. Cacodylic Acid Therapy. H. Smidt.
3. Hysteria Problems. Ranke.
4. Asthenic Paralysis, with Autopsy. S. Goldflam.

1. *Expert Evidence.*—A discussion as to the value of a knowledge of medical questions by the Judge, in cases where the expert testimony is indefinite or inconclusive.

2. *Cacodylic Acid Therapy.*—The literature of cacodylic acid as a therapeutic agent in nervous diseases. It has been found of benefit in the following diseases: Neurasthenia, chorea, paralysis agitans, psychoses, etc. Hypodermic use of the drug is recommended, to avoid gastric complications.

3. *Hysteria.*—A controversial paper as to the nature of hysteria and